

Block # _____

Lot # _____

C.O. # _____

LOWER ALLOWAYS CREEK TOWNSHIP
Housing & Zoning Officer

APPLICATION FOR CERTIFICATE OF OCCUPANCY
FOR CHANGE IN OCCUPANCY

PLEASE COMPLETE (PRINT OR TYPE)

ADDRESS OF PROPERTY: _____

CURRENT OWNERS NAME: _____

ADDRESS: _____

PHONE #: _____

PROPOSED BUYER / TENANT

NAME: _____

REALTOR NAME & PHONE NUMBER

OWNER: _____

BUYER: _____

TYPE OF DWELLING

SINGLE FAMILY: _____ DUPLEX: _____ OTHER: _____

CHECK AS APPROPRIATE

# _____ Bedrooms	# _____ Baths	_____ Kitchen	_____ Attic
_____ Living Room	_____ Dining Room	_____ Porch	_____ Den
_____ Family Room	_____ Halls	_____ Garage	_____ Patio
_____ Basement	_____ Storage Bldg	_____ Fence	_____ Pool

Other: _____

SIGNATURE: SELLERS REALTOR / CURRENT OWNERS

NAME: _____ DATE: _____

APPLICATION IS NOT COMPLETE UNTIL THE OWNER/REALTOR CONTACTS THE
HOUSING/ZONING OFFICER TO SCHEDULE THE APPOINTMENT.

PLEASE CALL 856-935-1549 X # 6560 or EMAIL zoning@lowerallowayscreek-nj.gov
THIS DWELLING IS NOT TO BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED
BY THE HOUSING/ZONING OFFICER OF LOWER ALLOWAYS CREEK TOWNSHIP.

INSPECTION FEE \$25.00

RE-INSPECTION FEE \$25.00